

Quarterly Controlled Substance Inventory Form for
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. **Within 10 days of the end of each quarter of each year**, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name _____

Agent's Name _____

Address _____

_____ State _____ Zip _____ County _____

Telephone Number _____

Bureau of Narcotic Enforcement Certificate Number _____

DEA Number _____

Quarter (1) (2) (3) (4) of year _____

Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand		
Total Amount Received		
Total Amount Utilized		
*Total Amount Lost		
Ending Amount on Hand		
Number of Dogs Euthanized		
Number of Cats Euthanized		
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on ___/___/___ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
433 River Street, Suite 303
Troy, NY 12180
(518) 402-7070